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TESTIMONY REGARDING RAISED BILL No. 373 AN ACT CONCERNING HEALTH AND SAFETY IN CHILD CARE FACILITIES

Submitted to: The Committee on Public Health

By: Marjorie S Rosenthal, MD, MPH—pediatrician, Associate Research Scientist, Yale University School of Medicine

Senator Gerratana, Representative Ritter, and other members of the Public Health Committee, as a pediatrician my mission is to work with families to keep children healthy and safe; as 60% of children under six years old—both in Connecticut and in the nation—spend substantial time in child care, my mission includes keeping children healthy and safe in child care sites. As a researcher my mission is to assess and analyze available data to make sure we can describe all that we need to do to keep the children of Connecticut healthy and safe; and as a single mother, who was widowed when my two children were babies, I know only too well that what kept me in the workforce—even as an educated physician—was knowing that my children were in a child care center where the director and the providers were held to the highest standards of health and safety and early care and education.

In my role as a researcher, together with Angela Crowley, Associate Professor at the Yale School of Nursing, and with the permission of the Department of Public Health, we conducted an analysis of the unannounced licensing inspections in licensed child care centers and family day care homes. The findings of the study are described in a report, copies of which we have here.

The research, in summary, consisted of our examining reports from unannounced inspections of over 600 licensed child care centers and over 700 family day care homes, together which serve approximately 44,000 children, ages 0-5 years old. Each report we examined described compliance with each of the 72-83 regulations for centers and child care homes, respectively. Individual regulations account for items such as playground safety, use of an emergency plan and safe dispensing of medications.

The good news is that we found over 90% of child care sites were compliant with two-thirds of the regulations.

Where programs were non-compliant, however, was telling. Child care centers were non-compliant mostly in: outdoor safety, indoor safety, indoor health, documentation, emergency preparedness and medication administration. Family child care homes were non-compliant mostly in: indoor safety, documentation, emergency preparedness, and administration of medications.

What was even more telling, but perhaps not surprising, was that child care sites with lower compliance were located in areas with lower median income, or had less educated providers or had no access to trained health consultants.

Based on the study findings, we made recommendations, many of which we are grateful have been addressed by the state and about which Judith Meyers will speak specifically.

Raised Bill 373 addresses two other recommendations from the research report:

- The frequency of unannounced visits to child day care centers/group day care homes and family day care homes to monitor compliance with regulation should be increased as recommended by the American Academy of Pediatrics and the American Public Health Association to annually. As you know, currently Connecticut regulation requires visits every two years for child care centers and every three years for family day care homes, placing Connecticut in the bottom half of states in frequency.
- An annual report of findings should be made available in the public domain.

I am thankful to this Committee for developing legislation to address these two recommendations. The bill as it stands, however, is not sufficient to improve that which we have found in the study. The bill improves the frequency of monitoring. We also need to improve quality of the monitoring and quality of child care sites.

Regarding the quality of monitoring, Judith Meyers will speak to reliability and validity of the monitoring.

Regarding improving the quality of the child care sites, I know there has been a great deal of discussion about quality of early care and education but I want to highlight the findings from the study, that is, that better compliance with regulations was associated with higher provider education, higher median income of the location of the child care site, and access to trained health consultants.

If we increase the frequency of monitoring and do not provide support services for child care providers to improve their knowledge and ability to comply with regulations, then we may inadvertently make matters worse for children enrolled in child care who are being served by child care providers with lower education, in areas of lower median income, and without trained health consultants.

Again, thank you all for doing this important work. I appreciate the opportunity to appear before you to share our recommendations, based both in research from Connecticut unannounced inspections of child care sites and national recommendations, in order to improve the quality of early care and education. I am happy to answer any questions or to provide further information (marjorie.rosenthal@yale.edu).